

APPLICATION TO VOLUNTEER

Contact Information (please print)

First Name _____ M.I. _____ Last Name _____

Address _____

City _____ State _____ Zip _____ Date of Birth _____

Daytime Phone _____ Cell Phone _____

Email _____

If you are between the ages of 13-17 please provide the name of a parent or guardian who will be accompanying you:

Name _____ Phone _____

Emergency Contact Information

Name _____ Phone _____

Medical Conditions/Allergies _____

Skills & Interests

Speak Other Languages YES NO

Disaster Training YES NO

Group Member YES NO

Clerical Skills YES NO

Physical Labor Ok YES NO

Licenses/Certifications (List Below) YES NO

OFFICE USE ONLY

ASSIGNMENT:

WORK SITE:

ETA:

SUPERVISOR:

NOTES:

When are you available to volunteer? Weekday Weekend Daytime Evening

Liability Waiver/Assumption of Risk

I _____ acknowledge and assume the risk of participation as a disaster relief volunteer with Southeast Wisconsin Citizens and Organizations Active in Disaster (COAD). I hereby release and hold harmless COAD, its officers, staff, volunteers, and agents from all claims of bodily injury, illness, death, and property loss or damage that may result, directly or indirectly, from my participation in a disaster relief operation. I understand that as a disaster relief volunteer I may participate in activities that are hazardous to my physical and mental health. I hereby expressly assume the risk of injury or harm in such activities and release COAD from all liability for injury, illness, death and property loss or damage that may result from my service as a disaster volunteer. I hereby grant COAD permission to utilize photographs of my likeness in any and all media including website entries without payment or any other consideration and acknowledge that these materials will become the property of COAD and will not be returned. I understand that as a servant to the public I must demonstrate a high level of trust and hereby affirm that I have never been convicted of a violent crime, crime against the person or sexual misconduct.

Signature _____ Date _____

Legal Guardian _____ Date _____

(For volunteers ages 13-17)

VOLUNTEER REFERRAL

ASSIGNMENT _____ AGENCY _____

SUPERVISOR _____ PHONE _____

LOCATION _____ ARRIVE AT _____